



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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July 25, 2006

FILE COPY

Charlene Johnson, Administrator  
Birch Avenue Retirement Center  
910 Birch Ave  
Coeur D'Alene, ID 83814-4431

Dear Ms. Johnson:

On July 11, 2006, a Life Safety Code was conducted at Birch Avenue Retirement Center. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

*Patty Watt - Greer, LSW for*

JAMIE SIMPSON, BS, QRMP, MBA  
Supervisor  
Residential Community Care Program

JS/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R385</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - ENTIRE BUILDING</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/11/2006</b>
NAME OF PROVIDER OR SUPPLIER  <b>BIRCH AVENUE RETIREMENT CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>910 BIRCH AVE COEUR D'ALENE, ID 83814</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R9999	<b>FINAL OBSERVATIONS</b>  The facility was found to be in substantial compliance with the fire and life safety Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on July 11, 2006.  The surveyor conducting the survey was:  Eric Mundell REHS Team Leader Health Facility Surveyor	R9999			

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

BLNX21

If continuation sheet 1 of 1